

**INSTRUCTIONS FOR COMPLETING
SOLID AND MEDICAL WASTE TRANSPORTER REGISTRATION APPLICATION (INITIAL)**

REGISTRATION PERIOD - July 1 to June 30

SECTION A.

This section must be completed.

YOU MUST BE IN COMPLIANCE WITH N.J.A.C. 7:26:16 BEFORE SUBMITTING YOUR APPLICATION.

SECTION B.

REGISTRATION FEE CALCULATION

Complete the calculation to determine your fee. Enter the number of units to be registered with total fee. Make check payable to **"Treasurer, State of New Jersey"**. A "RESPONSIBLE OFFICIAL" is, for Corporations - all corporate officers; for Limited Partnerships - all partners; for Sole Proprietorships - the Proprietor; for Municipal, State, Federal or Public Agencies - all executive officers or ranking elected officials must sign and date.

SECTION C.

This section list waste type circle **all** applicable.

SECTION D.

List information for vehicles you wish to register. Record the FULL vehicle identification number (VIN); print the proper two (2) letter State abbreviation; print the license plate number and the appropriate vehicle type (M,T,C,S,) Attach additional sheets for more vehicles using the same format. **A readable copy of each motor vehicle registration must be included in your application package.**

SECTION E.

If your vehicles are parked at a different address than the address in Section **A** or there is a **BOX #** in Section **A** , write the vehicle location address(es) in Section **E**.

IMPORTANT: You must enter the complete VIN (vehicle Identification number).
DECALS WILL NOT BE ISSUED FOR INCOMPLETE NUMBERS.

IF YOU HAVE ANY QUESTIONS OR REQUIRE ASSISTANCE TO PROPERLY COMPLETE THE REGISTRATION FORM, CALL THE BUREAU AT (609) 984-2014

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF SOLID & HAZARDOUS WASTE
Solid & Hazardous Waste Regulation Element
P.O. Box 414, TRENTON, N.J. 08625-0414

SOLID & MEDICAL WASTE -TRANSPORTER REGISTRATION APPLICATION (INITIAL)

SECTION A

1. Department of Environmental Protection No. (Office Use Only)
2. Have you ever been assigned a NJDEP No. previously? Yes ☐ No ☐ If "Yes" what was that No.
3. Certificate of Public Convenience and Necessity Number **S** **W** (if applicable)
4. Applicant's Area Code and Telephone Number - -
5. Name of Person Providing Information: Last First Init
6. Company or Trade Name
7. Street Address or Box No.
8. City State Zip Code
9. Type of Organization: (**Circle One**) Proprietor Partnership Corporation LLC Municipality
County State Gov. Authority Federal Gov.
Homeowner Other
10. Corporation, Partnership, LLC, or Trade Name Data (if any):
a. Registered in State of County of
b. Date of Incorporation
11. Person having prime administrative authority:
a. Name: Last First Init.
b. Area Code and Telephone Number - -
12. Applicant's Federal Employer ID or Social Security No. FEID SS No. - -
13. The application is solely for the collection, transportation, or disposal of solid waste exempt from requirements at N.J.A.C. 7:26-16 (i.e. applicant has an A-901 exempt NJDEP Number). ☐ Yes ☐ No
14. Do you intend to transport regulated medical waste? ☐ Yes ☐ No

<u>VEHICLE TYPE</u>	<u>NO.</u>	<u>FEE/VEHICLE</u>	<u>2 YEAR REGISTRATION</u>	<u>TOTAL</u>
Solid Waste Cab (M)	<input type="text"/>	\$40	=	<input type="text"/>
Solid Waste Trailer (T)	<input type="text"/>	\$60	=	<input type="text"/>
Solid Waste Container (C)	<input type="text"/>	\$60	=	<input type="text"/>
Solid Waste Single-Unit Vehicle (S)	<input type="text"/>	\$100	=	<input type="text"/>

REGULATED MEDICAL WASTE TRANSPORTER FEE - \$3,914 (separate check)

EXEMPT MEDICAL WASTE TRANSPORTER FEE - \$ 1,300 (separate check)

Exempt Radiopharmaceutical Waste Transporter \$400 (Separate Check) **TOTAL AMOUNT DUE**

BE SURE TO FILL OUT SECTIONS C and D.

Fees must be submitted by check or money order payable to: **"TREASURER, STATE OF NEW JERSEY"**.

N.J.A.C. 7:26-3.2(a) 3 requires the registration statement to be signed by the person engaged in or desiring to engage in the collection and/or haulage of solid waste.

THIS IS TO CERTIFY THAT THE INFORMATION CONTAINED IN AND ATTACHED TO THIS APPLICATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Print/Type Name of Responsible Official

Title

Signature of Responsible Official

Date Signed

SECTION C	Check the type of waste you expect to carry.	
	<u>WASTE TYPES</u> 10. Municipal (Household, Commercial and Institutional) 12. Dry Sewage Sludge 13. Bulky Waste (Includes Construction and Demolition) 23. Vegetative Waste 25. Animal and Food Processing Wastes	<u>WASTE TYPES</u> 27. Dry Industrial 72. Bulk Liquids and Semi Liquids 73. Septic Tank Clean Out Waste 74. Liquid Sewage Sludge Medical Waste

SECTION D	Please provide the following information for all vehicles you wish to register:				
	1. VIN - Vehicle Identification Number as it appears on the motor vehicle registration card.		4. VEHICLE TYPE -		
	2. STATE - See Below *		M =Solid Waste Cab T = Solid Waste Trailer C = Solid Waste Container S = Solid Waste Single Unit Vehicle		
	3. LICENSE NO. – Current License Plate Number		5. INCLUDE COPY OF MOTOR VEHICLE REGISTRATION		
	VEHICLE IDENTIFICATION NUMBER		STATE *	DMV LICENSE PLATE NO.	VEHICLE TYPE
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* NJ - New Jersey NY - New York PA - Pennsylvania DE - Delaware
 Other States use your proper 2-letter abbreviation.

SECTION E	LOCATION WHERE VEHICLE (S) CAN BE INSPECTED IN NEW JERSEY ONLY - Complete this section only if different from section A, Item 7 or Section A, Item 7 is a BOX # . Add additional sheets if necessary.	
	Terminal Name	
	Address	
	Terminal Telephone Number (Area Code)	
	Terminal Name	
	Terminal Address	
	Terminal Telephone Number (Area Code)	